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United States Coast Guard

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15 July 1997  
COMDTINST 12630.1

## COMMANDANT INSTRUCTION 12630.1

Subj: COAST GUARD TELECOMMUTING PROGRAM

Ref: (a) Departmental Personnel Manual Letter 368-1 dated 1 April 1994

1. PURPOSE. This Instruction establishes the Coast Guard's telecommuting policy. It represents our evolving efforts to capture the benefits and efficiencies of new technology and gives us more flexibility to meet the demands of today's work environment.
2. ACTION. Area and district commanders, commanders of maintenance and logistics commands, commanding officers of Headquarters units, assistant commandants for directorates, Chief Counsel, and special staff offices at Headquarters shall ensure compliance with this Instruction's provisions.
3. DIRECTIVES AFFECTED. None.
4. BACKGROUND. Telecommuting is one of 50 initiatives arising from the President's 1993 Climate Change Action Plan, developed to meet the twin challenges of responding to the threat of global warming and strengthening the economy. The Secretary of the Department of Transportation subsequently issued reference (a) directing participation in telecommuting. The Commandant supports this initiative as a way to leverage technology and provide a flexible means to meet Service needs while achieving national goals.
5. TELECOMMUTING. Telecommuting is a management tool allowing work at alternate work sites at least one day every two weeks. Telecommuters must report to their official duty station at least one day a week. Alternate work sites include:

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A																										
B		8	21*	1	12	10	3	5	6	3	5	3	4	4	4	2	8	3	2	3	3	3	11	3		1
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- a. At home in space specifically set aside as an office or work area; or
  - b. At a satellite facility the Coast Guard, General Services Administration (GSA) or another public or private organization owns or leases; or
  - c. At mobile offices in the field where work is performed using portable equipment.
6. PARTICIPATION. Telecommuting programs must be accomplished under specific work conditions, explained in paragraph 8. Civilian personnel assigned to either appropriated or non-appropriated positions and military personnel assigned to either active duty or reserve billets may be eligible to participate. Participants must fulfill position and billet criteria and personal attributes described in paragraph 8.e. through 8.g. Before implementing a telecommuting work arrangement with civilian employees, local commanders must be sure to meet their labor relations responsibilities.
7. TELECOMMUTING BENEFITS.
- a. Uses technology to solve transportation problems by decreasing traffic, parking congestion, energy use, and air and noise pollution;
  - b. Improves employee productivity and efficiency, recruitment and retention, and the quality of work life; and
  - c. Identifies potential excess office space.
8. PROGRAM REQUIREMENTS. Telecommuting is a management option. It is not an employee benefit or right and does not change employment terms and conditions. Take all factors into consideration when establishing a telecommuting program.
- a. Mission Impact. Telecommuting must not adversely affect organizational missions and functions. If managers determine it does, they must immediately modify or terminate the telecommuting arrangement, subject to fulfilling any labor relations obligations. Managers must establish specific controls and oversight to ensure service to the public, work productivity, and that operating costs do not suffer adverse impacts.
  - b. Funding. There are no central funds to support telecommuting initiatives. Organizations establishing telecommuting programs must do so within existing resources. If implementing telecommuting involves some additional start-up, transition and maintenance costs, the long-term benefits should offset them.
  - c. Other Program Requirements. Depending on the telecommuting arrangement, managers must consider a host of requirements, including: orientation, written agreements and checklist, labor

management responsibilities, time and attendance accountability, computer security, and telecommunications requirements. Enclosures (1) through (4) provide guidelines in these areas.

- d. Participant Selection. Supervisors identify billets or positions for telecommuting and select employees to participate voluntarily. Because telecommuting is a supervisor-approved work option, continued participation is not an automatic right should supervisors change, modify, or terminate the program due to mission needs or other eligibility considerations.
- e. Appropriate Position or Billet.
  - (1) Portable work activities members and employees can perform effectively outside the office;
  - (2) Quantifiable or project-oriented job tasks;
  - (3) Unclassified work for which data security, including sensitive, nonclassified and Privacy Act concerns is adequate (those performing work involving classified data or information should do so only in a Government office where adequate controls exist to protect the data);
  - (4) Technology for off-site work is available;
  - (5) The worker does not need close supervision or input from sources accessible only in the office;
  - (6) The worker can gain access to specialized equipment by periodically working in the office; and
  - (7) The worker can meet the requirement for face-to face contact with other workers or the public by working in the office at least one day a week.
- f. Appropriate Employee or Member.
  - (1) Dependable self-starter who can function independently,
  - (2) Highly motivated,
  - (3) Good time-management skills,
  - (4) Proficient or higher performance evaluations,
  - (5) Fully understands organization's operations,
  - (6) Agrees to meet alternative work site requirements and,

(7) Possesses knowledge and references needed to work off-site.

g. Appropriate Supervisor:

- (1) Understands the employee's telecommuting proposal,
- (2) Is comfortable evaluating performance by results as opposed to direct observation,
- (3) Can effectively communicate and clearly define tasks and expectations and,
- (4) Understands and can adequately address security issues.

9. PROGRAM APPROVAL.

a. Area and district commanders, and commanders of maintenance and logistics commands (MLC's) shall:

- (1) Establish an overall telecommuting program for their respective Area, district, and MLC staffs and respective units.
- (2) Review and approve individual unit telecommuting programs for respective Area, district, and MLC and units.
- (3) Designate a telecommuting coordinator and report names to Commandant (G-WPC).

b. Commanding Officers of Headquarters units and Commanding Officer, Coast Guard Headquarters shall:

- (1) Establish and approve a telecommuting program, if appropriate, for their units.
- (2) Designate a telecommuting coordinator and report names to Commandant (G-WPC).

c. Other Unit Commanding Officers and Officers in Charge. Within the telecommuting guidelines established by their respective Areas, district or MLC, submit proposed unit programs through the chain of command for approval.

10. PROGRAM ROLES AND RESPONSIBILITIES.

a. Telecommuting Coordinators shall:

- (1) Review proposed unit telecommuting programs and provide recommendations to their appropriate approving authority.

- (2) Serve as the primary advisor on the logistical aspects of telecommuting.
  - (3) Provide telecommuting orientation materials, available from civilian command staff advisors, for their units with only military members.
  - (4) Track and report telecommuting participation for their program area of responsibility and submit summary data to Commandant (G-WPC), when requested per enclosure (5).
- b. Civilian Command Staff Advisors or NAF Personnel Liaisons shall: Provide telecommuting advice and orientation materials to management, telecommuting coordinators, and those units that have both civilian and military employees.
- c. If Applicable, Unit Commanding Officers (Other than Headquarters units) shall:
- (1) Prepare unit program proposals for approval.
  - (2) Designate a telecommuting coordinator.
  - (3) Submit summary participation data to respective Area, district or MLC commander telecommuting coordinators.
- d. Supervisors shall:
- (1) Prepare, approve and retain a copy of individual telecommuting agreements (within an approved unit telecommuting program).
  - (2) Identify and discuss with participants, their assignments to accomplish under telecommuting arrangements.
  - (3) Ensure the telecommuting requirements provided in this instruction and enclosures are followed.
- e. Local ADP Security Officer. The ADP System Security Officer will review enclosure (3) with the telecommuter to ensure the adequacy of computer security
11. PROGRAM TERMINATION. Any individual or organizational telecommuting program may be terminated by the immediate supervisor or others in the chain of command and/or by Commandant (G-CCS) if they determine the arrangement:
- a. Does not support mission needs;

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- b. Is counter to public service requirements;
- c. Threatens the security of U.S. Coast Guard data, information, or equipment;
- d. Is likely to increase long-term costs; or
- e. Other work-related reasons.

Encl: (1) Telecommuting Program Guidelines  
(2) Telecommuting Agreement Between USCG and Employee  
(3) USCG Self-Certification Safety Checklist  
(4) USCG Self-Certification Security Audit Checklist  
(5) Telecommuting Summary Report

## **TELECOMMUTING PROGRAM GUIDELINES**

### **I. GENERAL REQUIREMENTS:**

- A. ORIENTATION AND TECHNICAL ASSISTANCE. Managers, supervisors, and employees must approach telecommuting very differently from traditional work arrangements. Therefore, participating managers, supervisors, and employees must receive a telecommuting orientation before they participate in a program to ensure they fully understand the success of each telecommuting program depends largely on the supervisor and employee establishing a joint commitment. Supervisors and bargaining units must make their arrangements under any negotiated agreements. Suggested orientation materials are available from the appropriate command staff advisor and servicing telecommuting coordinators.
- B. LABOR MANAGEMENT RELATIONS AND PARTNERSHIPS. Before initiating, modifying, or terminating a telecommuting program in a collective bargaining unit, all appropriate labor relations obligations must be fulfilled. Managers and supervisors must contact the appropriate command staff advisor to discuss these requirements.
- C. WRITTEN AGREEMENTS. Each person in a telecommuting arrangement and his or her immediate supervisor must sign and maintain a written agreement. Enclosure (2) is the standard written agreement to use.
- D. WORK SCHEDULES. Employees must perform scheduled work either at the office or an approved telecommuting work site. Each telecommuting arrangement must identify the time for work in each setting to address face-to-face meetings, reference and equipment access, isolation and communication difficulties, and proper time and attendance certification. Supervisors and bargaining units must make their arrangements under any negotiated agreements. The arrangement should specify a weekly minimum number of days at the official duty station to ensure the employee is available in the office during the week for face-to-face meetings, access to facilities, etc. Supervisors should periodically review work schedules to meet employee and organizational requirements and must coordinate absences from either office or telecommuting work site.
- E. TIME AND ATTENDANCE. Monitoring and certifying employee work time are critical. Supervisors must correctly report time and attendance to ensure employees are paid for work performed and account for absences. To carry out this responsibility, supervisors may visit the employee's work site (at a pre-arranged time), establish

telecommunication contact, determine reasonableness of work output for the time spent, or use other appropriate certification methods.

- F. HOME OFFICE SPACE. Employees must have a designated work space to work at home and communicate easily by telephone during the work day. The Coast Guard will not provide home office furnishings. Each employee must complete a self-certification check list for home work space to ensure it meets health, safety, building code, physical security and other requirements. A supervisor may deny an employee the opportunity to participate or rescind a telecommuting agreement based on safety or security problems in the home. Supervisors may inspect homes by appointment. Enclosure (3) is a required safety check list and enclosure (4) a required security check list.
- G. FAMILY CARE. Telecommuting is not a substitute for child or elder care. The opportunity to telecommute is offered only with the understanding the telecommuting work site is a space and time exclusively for work.
- H. INFORMATION AND RECORDS MANAGEMENT. Information and records processed are subject to the maintenance and disposition authority cited in COMDTINST M5212.12, Paperwork Management Manual. Employees shall manage all such information and data processed according to applicable U.S. Coast Guard regulations.

## **II. COMPUTER AND TELECOMMUNICATIONS SUPPORT:**

- A. ADDITIONAL COMPUTER AND TELECOMMUNICATIONS SUPPORT. There is no specific requirement or obligation for additional telecommuting computer or telecommunications resources to support this initiative.
- B. HOME TELECOMMUNICATIONS COSTS. Home telephone costs associated with work at home may be reimbursable. Any reimbursement authorized is the sponsoring unit's or office's responsibility. Local units may reimburse telephone and telecommunications costs, including official long distance calls, based on statutory authority and availability of sponsoring unit funds. Use of FTS 2000 Calling Cards and FTS 2000 toll-free (800) numbers for telecommuting is prohibited. Units desiring long-distance telecommunications access for telecommuting should obtain calling cards or toll-free numbers from their local telephone companies (Regional Bell Operating Company) or long-distance companies and charge them against the unit's AFC 30 account. Also, the Coast Guard will not presently pay for any Internet Service Provider (ISP) or on-line services associated with telecommuting.



C. ORGANIZATION CAPABILITIES. Managers should:

1. Reconfigure organizational computer and telecommunications resources and evaluate using employee equipment if offered.
2. Allocate U.S. Coast Guard microcomputer resources under the Microcomputer Allowance List (MAL). If managers can achieve significant organizational improvements that require a change to the MAL, they shall submit complete justifications with submissions to alter their microcomputer allowances. If employees use U.S. Coast Guard computer and telecommunications resources, the U. S. Coast Guard unit office sponsoring the telecommuter pays for computer hardware, software and telecommunications maintenance, repair, and replacement costs. The employee may be liable for computer and telecommunications resources issued to him or her for telecommuting and subsequently damaged by non-employees. Employees may use Government-owned computers only for Government purposes.

D. INDIVIDUAL CAPABILITIES. Employees may use personal computers and telecommunications if they desire at their own expense for maintaining, repairing, and replacing their computer and telecommunications resources, including any personal files or data. The U.S. Coast Guard is not responsible for the expense to repair, restore or replace any personal computers, peripherals, media or data files used for telecommuting from the home work site.

III. SECURITY REQUIREMENTS. Telecommuting and any access to U.S. Coast Guard computers or networks from an alternate work site (such as from a hotel room while on TAD), creates security risks for the U.S. Coast Guard's information systems hardware and software infrastructure.

- A. The primary concerns are the transmission of software viruses, unauthorized access to U.S. Coast Guard data, and theft of computer and telecommunication resource time. A computer virus is software deliberately created to spread mischief or in severe cases temporarily disable a company's or Government agency's telecommunication networks and/or computers. Viruses can unknowingly reside on an individual's home computer and spread on floppy disks or modem transmission to U.S. Coast Guard computers and data files. Unauthorized access to Government data files for financial or military advantage is an all-too-common problem whose perpetrators range from teenage hobbyists to foreign governments' agents. Access by unauthorized users (especially those with a malicious intent) can degrade the performance of U.S. Coast Guard software applications and telecommunications networks, impairing mission-critical information systems. All telecommuters will comply with the Automated Information

Systems (AIS) Security Manual COMDTINST M5500.13A (series) to reduce risks to U. S. Coast Guard computers, data, and telecommunications networks. Employees generally will not have remote access capability, pending further Commandant (G-S) policy on remote access security issues.

- B. Classified information is not allowed at home work sites. Employees shall not gain remote access (i.e., use modems to enter data files on another computer) to classified data or EFTO FOUO record messages. An employee will report any and all access to classified material, whether accidental or not, to the appropriate security officers, who will declassify personal computing resources under COMDTINST M5500.13A (series).

#### **IV. OTHER ISSUES:**

- A. NEGOTIATIONS WITH OTHER AGENCIES. In several areas agencies are forming consortia either among themselves or with local public or private sector organizations to create satellite telecommuting facilities, perhaps including Federal Executive Boards, local governments, and universities. Managers are encouraged to participate in or initiate such activities if they support mission accomplishment within resource capabilities. Managers and supervisors should contact their servicing legal office, Command Staff Advisor, and/or employee relations labor management staff. Managers must fulfill all appropriate labor relations obligations before concluding any negotiations.
- B. GENERAL SERVICES ADMINISTRATION (GSA) SATELLITE OFFICES. The GSA establishes satellite telecommuting offices in a wide variety of locations. Managers can identify local availability by contacting the local GSA office.

**U. S. Coast Guard and Employee Telecommuting Agreement**

**Approval for Alternative Work Site**

**Name:** \_\_\_\_\_

**Organization/Office:** \_\_\_\_\_

**Current Duty Station:** \_\_\_\_\_

**Geographical Location:** \_\_\_\_\_

**Approved Alternative  
Work Place:** \_\_\_\_\_

**Geographical Location:** \_\_\_\_\_

**Voluntary Participation**

I voluntarily agree to work at the approved alternative work site indicated above and agree to follow all applicable policies and procedures. I recognize this arrangement is not an employee benefit but an additional method the agency may approve to accomplish work.

**Official Duty Station**

For Coast Guard, the telecommuter's official duty station is the main office. Working at an alternative work site is not a basis for changing my salary or benefits.

**Official Duties**

I shall perform official duties only at the official duty station or U.S. Coast Guard-approved alternate work site and will not conduct personal business, such as caring for dependents or making home repairs, while in official duty status at the alternate work site.

**Work Schedule and Tour of Duty**

Enclosure (2) to COMDTINST 12630.1

Unless the U.S. Coast Guard and I agree otherwise, the number of hours I am scheduled to work remains the same. My official tour of duty will be: (specify days, hours, and location such as official duty station or alternative work site). I further understand I am expected to report for work at my official duty station at least one day a week. I am also expected to attend all required staff meetings at my official duty station.

### **Time and Attendance**

My timekeeper will have a copy of my schedule. My supervisor will certify biweekly the time and attendance for hours worked at the official duty station and alternative work site. (**Note:** the organization may require me to complete a self-certification form.)

### **Leave**

I shall follow established office procedures for requesting and obtaining approval of leave.

### **Overtime (Not Applicable for Military Members)**

As a civilian, I agree to work overtime only if my supervisor so orders and approves in advance. Working overtime without such approval may result in terminating the telecommuting privilege and/or other appropriate action.

### **Equipment and Supplies**

I shall protect any U.S. Coast Guard-owned equipment and use it only for official purposes. The agency will install, service, and maintain U.S. Coast Guard-owned equipment. I shall install, service, and maintain any personal equipment I use. The U.S. Coast Guard will provide and/or reimburse me for all necessary office supplies and business-related long distance telephone calls. The U.S. Coast Guard agrees to provide this equipment:

(specify equipment here, if applicable)

### **Security**

I will comply with U.S. Coast Guard security policies and protect all U.S. Coast Guard resources, including U.S. Coast Guard data and information, at the alternate work site.

### **Liability**

The U.S. Coast Guard is not liable for damages to my personal or real property while I work at the approved alternate work site except to the extent the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act hold the U.S. Coast Guard, as a Government agency, liable.

### **Work Area**

I shall provide a furnished work area adequate for performing official duties.

### **Work Site Inspection**

I agree to permit the U.S. Coast Guard to inspect my alternate work site during normal working hours to ensure proper maintenance of U.S. Coast Guard-owned property and conformity to safety standards. (I will complete a self-certification safety checklist for an at-home work site.)

### **Alternative Work Site Costs**

The U.S. Coast Guard will not pay operating costs associated with using my home as an alternate work site (e.g., home maintenance and insurance) except for authorized home telecommunication costs. However, I do not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the U.S. Coast Guard, as provided for by statute and implementing regulations.

### **Injury Compensation (Check the Applicable Paragraph)**

\_\_\_\_ As a *civilian member*, I am covered under the Federal Employee's Compensation Act (appropriated fund employee) or Longshore & Harbor Workers' Act (NAF employee) if injured while I actually perform official duties at my official duty station or alternate work site. I agree to notify my supervisor immediately of any accident or injury that occurs at the alternate work site; the supervisor will investigate my report immediately.

\_\_\_\_ As a *military member*, I am covered under 10 USC §1201 if injured while I actually perform official duties at my official duty station or alternate work site. I agree to notify my supervisor immediately of any accident or injury that occurs at the alternate work site. The supervisor will investigate my report immediately.

### **Work Assignments**

I shall complete all assigned work according to procedures my supervisor and I mutually agree to and according to guidelines and standards in my performance plan.

### **Performance**

Enclosure (2) to COMDTINST 12630.1

To work at an alternate work site, my most recent performance ratings must be at least "Proficient" or equivalent. My supervisor may require me to report regular progress to assist in judging performance. A decline in performance may be grounds to cancel the telecommuting agreement.

**Disclosure**

I shall protect U.S. Coast Guard and Government records from unauthorized disclosure or damage and will comply with requirements of the Privacy and Freedom of Information Act Manual, COMDTINST M5260 (series). I will not store, gain access to, or use classified information at a home work site.

**Standards of Conduct**

I understand the United States Coast Guard standards of conduct continue to apply to me while I work at my telecommuting site(s) in accordance with COMDINST M5370.8 (series).

**Cancellation**

After appropriate notice to my supervisor, I may resume working my regular schedule at my official duty station. After appropriate notice to me, the U.S. Coast Guard may instruct me to resume working my regular schedule at my official duty station, if my performance declines, the project fails to benefit organizational needs, the need for in-office interaction between me and my coworkers or customers arises, or for other work-related reasons. The U.S. Coast Guard will follow any applicable administrative or negotiated telecommuting procedures.

**Other Action**

Nothing in this agreement precludes the U.S. Coast Guard from taking any appropriate disciplinary or adverse action against me if I fail to comply with the provisions of this agreement.

**Employee's Signature and Date:** \_\_\_\_\_

**Supervisor's Signature and Date:** \_\_\_\_\_

**Cancellation Date**

If this agreement is canceled please indicate date of cancellation below:

**Cancellation Date:** \_\_\_\_\_

**Employee's Acknowledgment and Date:** \_\_\_\_\_

**Supervisor's Signature and Date:** \_\_\_\_\_

Enclosure (2) to COMDTINST 12630.1

### **SUMMARY INFORMATION**

Check the description that applies:

Telecommuting Arrangement

\_\_\_\_\_ 1 day per 2 weeks      \_\_\_\_\_ More than 1 day per 2 weeks      \_\_\_\_\_ Occasionally  
(i.e., project nature)

Position or Billet Type:

Civilian:                      \_\_\_\_\_ Appropriated Fund      \_\_\_\_\_ Non-Appropriated Fund (NAF)

Military:                      \_\_\_\_\_ Active Duty                      \_\_\_\_\_ Reserve

*Please send a copy of the agreement and enclosures to your supervisor, and retain a copy for your records.*

*Please send a copy of this summary information sheet to your telecommuting coordinator.*



**U. S. COAST GUARD  
SELF-CERTIFICATION SAFETY CHECKLIST FOR  
TELECOMMUTERS WORKING AT HOME**

**Name:** \_\_\_\_\_

**Organization/Office:** \_\_\_\_\_

**Geographical Location:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

*This checklist assesses the overall safety of the home work site. Each participant should read, complete, sign, and date the self-certification safety checklist.*

Address of home work site location:

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Describe the designated home work area:

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**A. WORKPLACE ENVIRONMENT**

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Are temperature, noise, ventilation, and lighting levels adequate to maintain your normal level of job performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Are all stairs with four or more steps equipped with handrails?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Does the electrical system conform to appropriate local building codes?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Enclosure (3) to COMDTINST 12630.1

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 4.  | Are aisles, doorways, and corners free of obstructions to permit visibility and movement?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.  | Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.  | Do chairs have any loose casters (wheels) and are chair legs sturdy?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.  | Are the phone lines, electrical cords, and extension wires secured under a desk or along a baseboard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.  | Is the office space neat, clear, and free of excessive amounts of combustibles?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.  | Are floor surfaces (including carpets) clean, dry, level, and free of worn or frayed seams?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Is there enough light to read?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Is the residence equipped with working smoke detectors?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMPUTER WORKSTATION (IF APPLICABLE)

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 12. | Is your chair adjustable?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Does a back rest support your back adequately?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Is your computer monitor at eye level?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | When keying, are your forearms close to parallel with the floor? Are your wrists fairly straight? |                              |                             |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a copy of this list to your Telecommuting Agreement and retain a copy for your records.*

**U. S. COAST GUARD SELF-CERTIFICATION  
SECURITY AUDIT CHECKLIST FOR  
TELECOMMUTERS WORKING AT HOME**

Name: \_\_\_\_\_  
Organization/Office/Location: \_\_\_\_\_  
Phone: \_\_\_\_\_

*This checklist assesses the overall ability to protect U.S. Coast Guard data and information processed, stored, or transmitted or received at the home work site. Each participant shall read, complete, sign, and date the security audit checklist.*

Home work site location: \_\_\_\_\_

**PHYSICAL SECURITY**

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Do all doors and windows have adequate locking devices?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Is there a lockable file cabinet or container available to store floppy disks, removable hard disks, and documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**HARDWARE SECURITY**

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Is the computer hardware positioned so unauthorized persons cannot see the screen?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Are there adequate environmental controls to protect the hardware from extreme temperatures and humidity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Does the computer have either a keyboard or power supply locking device?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**DATA SECURITY**

Enclosure (4) to COMDTINST 12630.1

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are the computer and removable media (e.g., floppy disks, CD-ROMs, backup tapes) adequately protected from unauthorized access (e.g., friends, relatives, roommates, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. When remotely accessing other systems, is your user password encrypted?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Can others gain access to the computer from other systems (e.g., via Internet, dial-up, etc.)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**USER SECURITY**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you received adequate Automated Information Systems (AIS) security awareness and training?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you signed an AIS user responsibility acknowledgment form?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you possess an adequate working knowledge of how your computer transmits and receives data?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you possess an adequate working knowledge of what data needs to be protected when you transmit or receive?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you possess an adequate working knowledge on properly storing and handling storage media (e.g., floppy disks, CD-ROMs, backup tapes, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you familiar with computer virus detection and eradication procedures?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**SYSTEM INFORMATION**

- |  |       |
|--|-------|
| 1. What is the operating system?             | _____ |
| 2. What is the microcomputer make and model? | _____ |

3. If remote access will be used to access U. S. Coast Guard systems:

What is the modem speed? \_\_\_\_\_

Is the modem internal or external? \_\_\_\_\_

What communications software is installed? \_\_\_\_\_

4. If you have Internet access, with what firm is the account? \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a copy of this list to your Telecommuting Agreement, send a copy to your ADP System Security Officer (ADPSSO) and retain a copy for your records.*



**TELECOMMUTING SUMMARY REPORT**

UNIT NAME: \_\_\_\_\_

Telecommuting Coordinator name, e-mail address, and phone number:

\_\_\_\_\_  
\_\_\_\_\_

**CIVILIAN PARTICIPATION:**

1. Specify total numbers of Civilian ***Appropriated Fund*** telecommuters by the indicated categories:

\_\_\_\_\_ 1 day per 2 weeks                      \_\_\_\_\_ More than 1 day per 2 weeks

\_\_\_\_\_ Occasionally(i.e., Project Nature)

2. Specify total numbers of Civilian ***Non-Appropriated Fund*** telecommuters by the indicated categories:

\_\_\_\_\_ 1 day per 2 weeks                      \_\_\_\_\_ More than 1 day per 2 weeks

\_\_\_\_\_ Occasionally(i.e., Project Nature)

**MILITARY PARTICIPATION:**

1. Specify total numbers of Military ***Active Duty*** telecommuters by the indicated categories:

\_\_\_\_\_ 1 day per 2 weeks                      \_\_\_\_\_ More than 1 day per 2 weeks

\_\_\_\_\_ Occasionally(i.e., Project Nature)

2. Specify total numbers of Military ***Reserve*** telecommuters by the indicated categories:

\_\_\_\_\_ 1 day per 2 weeks                      \_\_\_\_\_ More than 1 day per 2 weeks

\_\_\_\_\_ Occasionally(i.e., Project Nature)